

PART B—ISSUE FEE TRANSMITTAL

EJR

B

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. Further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of issue Fee or thereafter. See reverse for Certificate of Mailing.

1. CORRESPONDENCE ADDRESS



ESM1/0921
PATER VARIETIES - PIENNEY BOWES INC.
UNIVERSITY PROPERTY AND TECHNOLOGY DEPARTMENT - WORLD HEADQUARTERS
ONE ELACROFT ROAD
STANFORD, CT 06926-0700

2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)

INVENTOR'S NAME

Street Address

City, State and ZIP Code

CO-INVENTOR'S NAME

Street Address

City, State and ZIP Code

 Check if additional changes are on reverse side

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/171,296	12/21/93	998	LL, T	2E14 09/21/94
First Named Applicant HENITS, JOHN				

TITLE OF INVENTION ENDLESS LOOP VOICE DATA STORAGE AND RETRIEVABLE APPARATUS AND METHOD THEREOF

	ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEES DUE	DATE DUE
2	DI00606	366-005.080	270	UTILITY	NO	\$1171.00	12/21/94

3. Correspondence address change (Complete only if there is a change)

4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

1 Ronald Reichman

2 Melvin J. Scolnick

3 _____

DO NOT USE THIS SPACE

16-1885 140 143 1,250.0004
16-1885 140 541 74.0004

16-1885 140 143 1,250.0004
16-1885 140 541 74.0004

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)

(1) NAME OF ASSIGNEE: Dictaphone Corporation/

(2) ADDRESS: (CITY & STATE OR COUNTRY)

Stratford, Connecticut

6a. The following fees are enclosed:

 Issue Fee Advance Order - # of Copies _____

6b. The following fees should be charged to:

16-1885

DEPOSIT ACCOUNT NUMBER _____

(ENCLOSE PART C)

 Issue Fee Advance Order - # of Copies 12 Any Deficiencies in Enclosed Fees

The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

Ronald Reichman #26,796

(Date)

11/17/94

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

TRANSMIT THIS FORM WITH FEE-CERTIFICATE OF MAILING ON REVERSE

Certificate of Mailing

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Box ISSUE FEE
Commissioner of Patents and Trademarks
Washington, D.C. 20231

on _____
(Date)

(Name of person making deposit)

(Signature)

(Date)

Note: If this certificate of mailing is used, it can only be used to transmit the Issue Fee. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing.

Burden Hour Statement: This form is estimated to take .2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Office of Information Systems, Patent and Trademark Office, Washington, D.C. 20231; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, (Project 0651-0033), Washington, D.C. 20503. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner of Patents and Trademarks, Box Issue Fee, Washington, DC 20231.